RENEWAL#	
NEW #	
START DATE:	
COMPLETED DATE:	



CITY OF LOMA LINDA FINANCE DEPARTMENT 25541 BARTON RD LOMA LINDA, CA 92354 PHONE # (909) 799-2846 FAX # (909) 799-2893

## **BUSINESS LICENSE TAX APPLICATION**

COMPANY NAME AND MAILING ADDRESS:			PHYSICAL LOCATION (Cannot be PO Box per State of California Busines			
			•			s Code Section 17538.5)
PHONE NUMBER		-		FAX NU	JMBER	
			TYPE OF OW			
SOLE PROP.	CO-OWNE	R	PARTNERSH	IP CC	RPORATION	CHARITABLE
Federal Employee II SS# State License #		Expiration [	Sta <sup>.</sup> Date:	te Emplo	oyee # Classific	e#
Drivers License #			Expiration Dat	e:		
DUE DATE:				*S	ısiness Tax Dı tate Mandated	le:   Fee: \$4.00
						olication Fee: \$28.00
						Total:
SOLE PROPRIETO	RS, PARTNE TITLE		PORATE OFF			HOME PHONE #
NAME	111122		HOWL ADDIX	L00 & 2	III CODE	HOWLTHONE #
1. PRODUCT(S) SO	OLD/DESCRIF	PTION OF E	BUSINESS			
2. SERVICE(S) REN	IDERED					
OTHER:						
EMAIL ADDRESS:_				WE	EB SITE:	
I HEREB			STATEMENT			T AND COMPLETE
DATE:		SIGNATUR	RE			TITLE

\*Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

- o The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx .
- o The Department of Rehabilitation at www.rehab.cahwnet.gov .
- o The California Commission on Disability Access at www.ccda.ca.gov